

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90762 018 \*\*\*150.00

0387242 AV

**DOCUMENT # P02000054872**

1. Entity Name

**TREASURE COAST GUTTERS INC.**



Principal Place of Business

**700 HIBISCUS DR  
ROYAL PALM BCH FL 33411**

Mailing Address

**700 HIBISCUS DR  
ROYAL PALM BCH FL 33411**

2. Principal Place of Business

**16229 68th St. North**

Suite, Apt. #, etc.

**Loxahatchee FL**

City & State

**33470 USA**

Zip

Country

3. Mailing Address

**P.O. Box 2422**

Suite, Apt. #, etc.

**Palm City, FL**

City & State

**34991 USA**

Zip

Country



**60017533**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**01-0695318**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DILLMORE, JAMES W JR.**

**700 HIBISCUS DR**

**ROYAL PALM BCH FL 33411**

7. Name and Address of New Registered Agent

Name **James W. Dillmore Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**16229 68th St. North**

City **Loxahatchee**

FL

Zip Code **33470**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* 4/11/03  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **DILLMORE, JAMES W JR**  
STREET ADDRESS **700 HIBISCUS DR**  
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Dillmore, James W Jr.**  
STREET ADDRESS **16229 68 St. North**  
CITY-ST-ZIP **Loxahatchee FL 33470**

TITLE ☒ Change ☒ Addition  
NAME **Dillmore, James W**  
STREET ADDRESS **3884 Skyview Dr.**  
CITY-ST-ZIP **Brunswick, Ohio 44212**

TITLE ☐ Change ☒ Addition  
NAME **Dillmore, Carolyn L.**  
STREET ADDRESS **3884 Skyview Dr.**  
CITY-ST-ZIP **Brunswick, Oh 44212**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

(561) 383-6585

Daytime Phone #

CR2E034 (10/02)